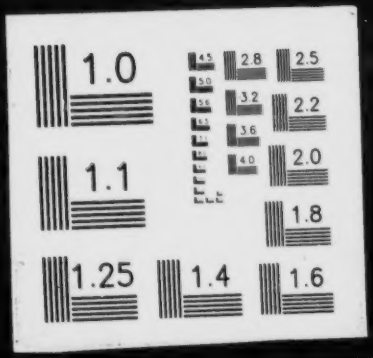
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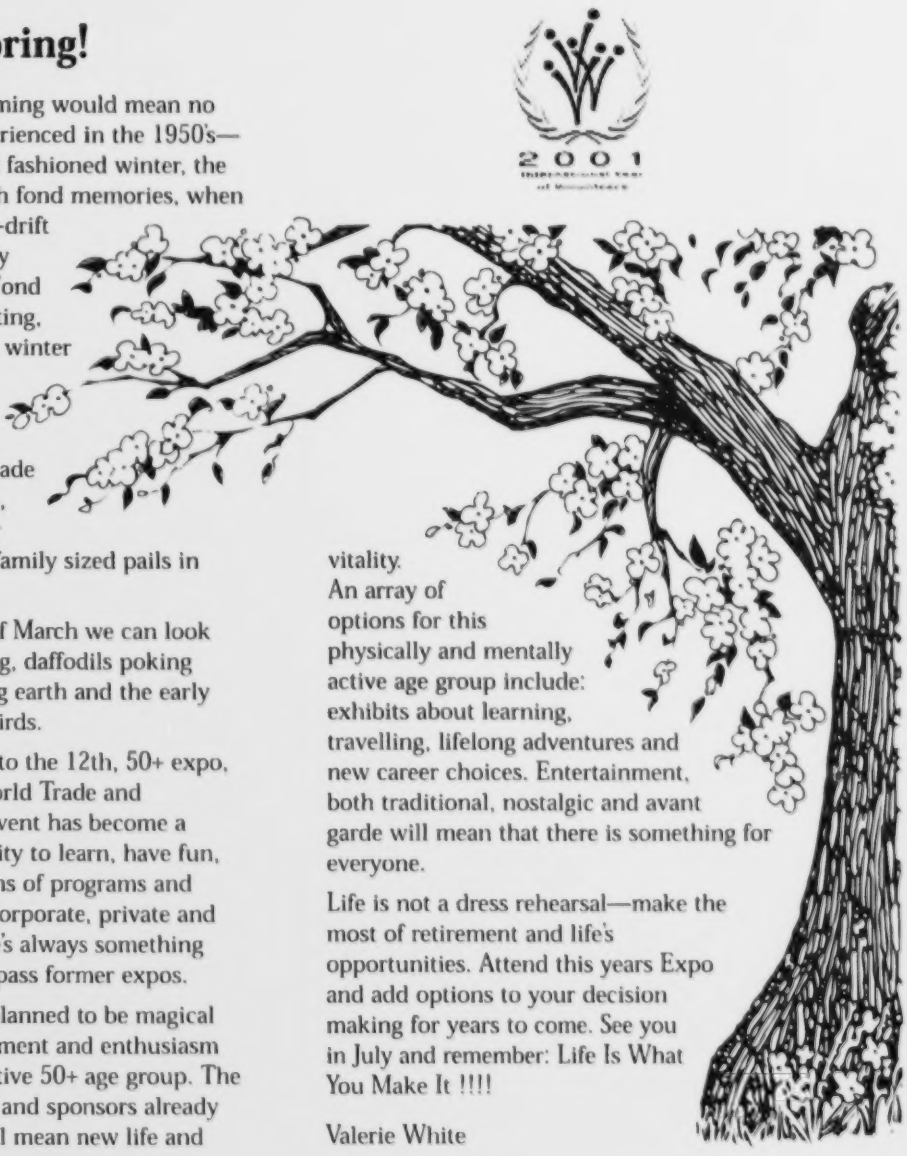
Senior Citizens' Secretariat

Newsletter

VOLUME 97 MARCH 2001

Welcome to Spring!

So we thought global warming would mean no more winters like we experienced in the 1950's—Surprise!! This was an old fashioned winter, the type many of us recall with fond memories, when we could stand on a snow-drift and reach the eves of many barns and out buildings. Fond memories of coasting, skating, building snow houses and winter nights around the woodstove with hot cocoa (with fresh cows cream) and thick slices of homemade bread with strawberry jam, molasses, or peanut butter generously scooped from family sized pails in use at that time.



Now with the warm sun of March we can look forward to robins returning, daffodils poking through the sweet smelling earth and the early morning sounds of song birds.

We also can look forward to the 12th, 50+ expo, July 6th and 7th at the World Trade and Convention Centre. The event has become a tradition and an opportunity to learn, have fun, and enjoy the many options of programs and services being offered by corporate, private and government sectors. There's always something new and this year will surpass former expos.

This years show is being planned to be magical and to heighten the excitement and enthusiasm and involvement of the active 50+ age group. The number of new exhibitors and sponsors already planning to participate will mean new life and vitality.

An array of options for this physically and mentally active age group include: exhibits about learning, travelling, lifelong adventures and new career choices. Entertainment, both traditional, nostalgic and avant garde will mean that there is something for everyone.

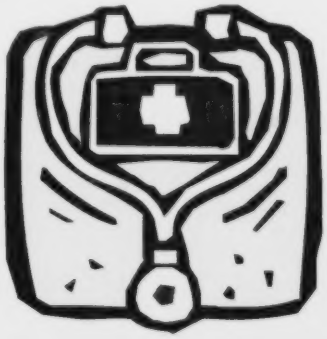
Life is not a dress rehearsal—make the most of retirement and life's opportunities. Attend this years Expo and add options to your decision making for years to come. See you in July and remember: Life Is What You Make It !!!!

Valerie White

2007-04995/

Is Surgery A Must? 6 Questions to ask your doctor.

- What happens if I don't have the surgery or postpone it? Is there a chance my symptoms will get better or my condition will eventually improve?
- What are the chances of my condition recurring after surgery? What are the possible complications?
- How long before I can return to work, or get back to normal activities?
- Do I have other surgical options? (e.g., a lumpectomy instead of a mastectomy for breast cancer)?
- Are there nonsurgical alternatives (e.g., diet and medication rather than a heart bypass)?
- What about a second opinion? Since doctors' opinions can differ, another opinion is a good idea. In fact, most insurance companies require it.



To make sure the second opinion is as sound as possible, choose a doctor who specializes in your particular problem.

And remember: There are built-in risks anytime you undergo general anaesthesia and/or if you have a chronic illness (e.g., diabetes or heart problems). You and your doctor should discuss the pros and cons—especially with elective surgery.

Source: The Hope Heart Institute, Seattle

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles and items of interest from you. Please include your name, address and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies and programs presented by the departments of the provincial government. The Secretariat serves as a one door entry to government for seniors, seniors' groups and other provincial bodies concerned with aging issues. The Secretariat develops plans, policies and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.

International Year of Volunteers 2001 in Canada

In recognition of the enormous social and economic contribution of volunteers worldwide. the United Nations General Assembly has declared the year 2001 International Year of Volunteers (IYV 2001).

During IYV 2001, Canadians have an unprecedented opportunity to recognize the contribution that more than 7.5 million volunteers make to Canada's 175,000 not-for- profit organizations.

Volunteers are fundamental to the social and economic landscape of Canada.

Their contribution is estimated at $16 billion annually, or 8 per cent of Canada's gross domestic product. Volunteers contribute 1.1 billion hours of their time yearly—the equivalent of 578.000 full-time jobs.

Local volunteer centres, voluntary agencies and groups are key to the celebration of IYV 2001 in communities across Canada. Through their efforts, the Canadian IYV 2001 message will reach beyond formal volunteer associations to individuals who may not yet conceive of themselves as volunteers—helping neighbours, caring parents, and others who make a difference in our communities.

The five objectives for IYV 2001 in Canada are:

1. Celebrate volunteerism. Canada's 7.5 million volunteers will be celebrated and recognized throughout IYV.
2. Promote volunteering for all. Examine ways to break down barriers to volunteering for Canadians with disabilities, new Canadians, etc.
3. Expand the definition of volunteerism in Canada. Encourage people to think of informal volunteering (e.g. being a good neighbour) as a way in which they volunteer in their communities.
4. Improve voluntary organization infrastructure. Improve the ability of voluntary organizations to involve volunteers.
5. Develop the voluntary sector knowledge base. Conduct research on volunteerism.

Using the key phrase, I Volunteer, the Canadian IYV 2001 social marketing campaign builds on the recognition of each volunteer's contribution to the Canadian way of life. During IYV 2001 we are urged to listen to and celebrate each volunteer's story. The campaign also underscores the meaning- fulness of volunteer action as a way to change our country. The value of one. The power of many.

The Canadian IYV 2001 campaign features four themes: general volunteerism, youth volunteerism, employee volunteerism and older adult volunteerism. Resource materials related to each theme will be released throughout the year.

For more information call: 1-800-670-0401
Web site: www.iyvcanada.org

Bringing Nutrition Screening to Seniors in Canada

Dietitians of Canada (DC) and Professor Heather Keller, University of Guelph, received funds from the Population Health Fund, Health Canada for a collaborative three year project, Bringing Nutrition Screening to Seniors in Canada. Communities with a firm commitment to nutritional health of seniors are invited to participate in this exciting initiative. Five communities representing diverse groups of community living seniors will be selected as demonstration sites.

Bringing Nutrition Screening to Seniors in Canada aims to determine capacity of communities to screen for nutritional risk and provide services to ameliorate this risk. The project utilizes SCREEN©, a validated tool for nutritional risk screening of older adults. Interview assisted and self-administered versions of SCREEN© are available and have been tested in a variety of seniors' settings (e.g. home care, doctor's offices, seniors' wellness clinics, Meals on Wheels, etc.). Demonstration sites will develop and implement a screening protocol which links nutritional risks identified by SCREEN© to appropriate services and resources in their community. Seniors with nutritional risks identified by SCREEN© will be referred and followed to ensure that community services appropriate to their nutritional needs were accessed. Seniors and their communities will benefit from better integrated and coordinated delivery of nutrition services and an enhanced understanding of the importance of nutrition in healthy aging. Improved nutrition will be promoted which will enable healthy aging and improved quality of life among older adults in these communities.

Evaluation of Bringing Nutrition Screening to Seniors will assess: 1) prevalence of nutritional risk, 2) feasibility of nutrition screening in communities, 3) what community resources were available to address nutrition concerns, 4) identification of gaps in service for responding to nutritional risk in seniors, and 5) the process and acceptance by seniors and service providers of referral and delivery of nutritional services. An evaluation forum at the end of the project will bring the NAC, project staff, and LAG representatives together to share learnings and establish recommendations for sustainability of Bringing Nutrition Screening to Seniors.

Collaboration among different sectors serving seniors is key to this project. A National Advisory Committee (NAC) has been established to lead the project and includes: Dietitians of Canada, Heather Keller, Victorian Order of Nurses for Canada, Canadian Association for Community Care, Abbott Laboratories, Canada's Association for the Fifty-Plus, Assemblée des aînés et aînées francophones du Canada, the Federal Provincial Territorial Group on Nutrition, and Health Canada. The NAC will develop criteria for demonstration site application, participate in site selection and provide a framework for implementation and evaluation of the project to the demonstration sites. The demonstration sites will establish intersectoral advisory groups (LAG) which will include seniors' representation and direct the project in their community. Another key role of partners is the promotion and dissemination of project findings, community approaches to nutritional risk factors and education resources. This will include participation in the development of a Bringing Nutrition Screening to Seniors: Implementation Guide and a Seniors Nutrition Education Resource Directory.

Watch the Dietitians of Canada website (News and Views button) www.dietitians.ca for further information regarding Bringing Nutrition Screening to Seniors in Canada. Specific inquiries may be directed to Beverly Brockest, RD, brockest@home.com

Source Adapted with permission from:
News and Views, December 1, 2000,
Dietitians of Canada website www.dietitians.ca

Are you able to hold your urine?

Do you leak urine when you laugh, cough, sneeze, exercise, or lift heavy objects?

Are you unable to get to the toilet on time?

Do you get up many times each night to go to the toilet?

If you are female and suffer from urinary incontinence (the involuntary loss of urine), there is a clinical research study which may interest you. Eligible female patients may obtain evaluation and treatment for their incontinence at a Self-Referral Continence Clinic. No physician referral is necessary. A variety of treatment options will be available from trained non-medical and medical health professionals. There will be no cost to the participants and no remuneration for participation in the study.

If you are interested in participating in this research study or wish to obtain more information, please call Karen Farrell, Research Coordinator, at (902) 428-2830, from 8 am to 5 pm, Monday to Friday.

IWK Grace Health Centre
Division of Urogynaecology

Version: Nov. 4, 2000.
Study begins: January, 2001,
Study ends June 2002.

It Feels Good to be Home

"It feels good to be home." A sentiment the Red Cross hears every day. For the past 70 years the Red Cross has been providing in-home community services to the frail, elderly, people with disabilities, acute or chronic care needs or palliative care. We understand the importance of staying in your own home and the difficulties that come with it. The HomePartners program in Nova Scotia offers services that meet the needs of every individual. HomePartners programs include Home Support Services, Healthcare Equipment Loan Program and. Transportation. We are a one-stop shopping service for home care.

Caring for a loved one at home can be challenging, Red Cross understands the need and provides Home Support Services to people in the Halifax and Dartmouth area. This service provides a comprehensive program of in-home services that offer assistance to people to aid them in remaining in their own homes. Over 90 Home Support Workers are trained professionals committed to providing personal care, light housekeeping, laundry , and meal preparation to our clients,

"The help you need when you need it the most." The Red Cross Healthcare Equipment Loan Program, (H.E.L.P.), enables people to access health equipment free of charge. H.E.L.P. depots loan basic items such as wheelchairs, crutches, canes, bath aids and transfer aids for short periods of time. The H.E.L.P. program is successful due to the 100 volunteers who run the 39 loan depots across Nova Scotia.

Access to health care is a right, not a privilege, that every Canadian is guaranteed through our medicare system. When we are in need of care we call for a medical appointment. It seems simple enough. But for hundreds of local metro residents, getting the appointment is not the difficult part; it's getting to the appointment that puts them at risk of not receiving the medical care they need and deserve. Red Cross helps them overcome their transportation obstacles by transporting them to medical appointments through our Metro Transportation Program free

of charge. We have been providing this service to local metro residents for over 25 years

The Red Cross HomePartners programs were developed to assist individuals or families regain and maintain independence in their own homes. If you like to find out more about HomePartners programs please call 496-0103.

HomePartners Nova Scotia Region
1940 Gottingen Street, Halifax, NS B3J 3Y2
phone (902)496-0103; fax (902)492-0544

Products

The Sure Foot Cane

Orthotic Mobility Systems, Inc., introduces the Sure Food Canes: "The walk with you." The Sure Foot's ankle works like a human foot. Enabling the Sure Foot to stand alone and to become flat in full contact, regardless of how it is placed upon the walking surface.

Weighing one pound, the Sure Foot sole provides 18 square inches of traction with Soleguard®, enabling it to be used on any surface that is safe to walk on.

The Sure Foot can be used on walks through the parks, on beaches and hikes, and even through the mud and snow. The Sure Foot provides for correct walking gait and is used by people with a variety of mobility disabilities. User satisfaction guaranteed.

Orthotic Mobility Systems, Inc.
10453 Metropolitan Avenue
Kensington, MD 20895 U.S.A.
Phone: (301) 949-2444
Fax: (301) 949-2922
www.orthoticmobility.com

Canadian Consumer Information Gateway

Government of Canada

Information that matters from a single, trusted source—Canada's first on-line gateway to consumer information from government and its partners.

- Be Informed
- Find Money-Saving Tips
- Look for Fraud Alerts
- Watch for Recalls
- Protect Your Rights

Thinking of renovating your home? The Gateway has the information you need. Looking for information on the latest recall or scam? The Gateway can lead you to it. Buying a used baby crib and want to know if it's safe? The Gateway can help you find out in no time, every time.

A Web portal designed for you, your family and your friends.

The Canadian Consumer Information Gateway opens the door to reliable consumer information you may not have realized was available. It gives you the tools you need to make informed decisions, and safe and healthy product choices, alerts you to recalls and scams, and provides you with contacts to seek recourse.

This on-line portal is the first of its kind in Canada. Available 24 hours a day, seven days a week, it gives you access to comprehensive consumer information compiled by more than 25 federal government departments and agencies. More content will be added as new information becomes available and new partners come onboard.

Everything is organized by familiar topics so you can easily navigate and find information on government consumer programs and services and much more. You can also access a powerful search engine to conduct more specific inquiries. We've included related Web links, e-mail addresses and regional phone numbers so you can connect to the right information and contact the people who can provide you with answers.

Most important, you can rest assured that the information you access is both accurate and relevant because it's coming from reliable, Canadian sources: government and its partners. Since content is updated regularly, you can also be confident that the data is correct.

The Canadian Consumer Information Gateway is accessible via the Internet. Canadians without Internet access at home or at work can log on to the Gateway at public libraries, community access points, or public access kiosks located in federal government service outlets.

http://ConsumerInformation.ca

Fashions for Special Needs

Adaptive Clothing & Accessories

Our clothing is designed to be comfortable, fashionable and functional

- Rain Ponchos
- Wheelchair Jeans
- Yukon Fleece Wheelchair Ponchos
- Wrap Skirts and Matching Blouses
- Yukon Fleece Housecoats
- Seatless Wheelchair Pants

Ask about our Back or Front Open Clothing, including Nightgowns and Dresses (your choice of Velcro or Snap Closures).

Phone: (905) 384-0741
Fax: (905) 384-0747
E-mail: gzawaly@niagara.com
www.specialneedsclothing.com

Proposed Book

Jeanette Auger from Acadia University and Diane Tedford Litle, Senior Activist are attempting to write a text book-" From the-inside looking out: Competing paradigms of growing old". This textbook will recognize the voices of older persons as equal to, if not more important and relevant, as those of gerontologists when discussing growing older in Canada. In order to do this, we need *the help of older persons in our area*. We have put together a questionnaire and would welcome hearing from anyone interested in having input in this book. We can communicate by e-mail, fax, telephone or write.

Diane can be reached at: phone/fax: 902-679-4454; e-mail: diane.dophins@ns.sympatico.ca;
R.R. #3, Site 2, Box 1, Comp. 1
Centreville, NS B0P 1J0

Please contact us. We need your voice!"

Forgiveness

If you're not sure how to forgive, you're not alone. Actually, very few people understand what forgiveness is and how it works.

One definition: Recognizing you have been wronged, giving up your resentment and eventually responding to the person who has hurt you with compassion.

What forgiveness is not: It's not condoning, excusing, forgetting or denying an offense.

And forgiveness does not mean putting yourself back in an abusive relationship.

Why forgive?

Without forgiveness, bitterness can linger. When we could be enjoying today's pleasures, we are upsetting ourselves with yesterday's injustices.

The person who has hurt you is not the one to lose sleep over the hurts. They do not feel your anger or the knot in your stomach. The pain of not forgiving is all yours.

Forgiveness gives us a chance to go to other things. When we forgive we regain control of our lives.

Steps to forgiveness

- Realize that sometimes we hold grudges because we think it will punish the other person. Usually, it does not. Nor does a grudge assure that the person will be more considerate in the future.
- Realize that sometimes people do the best they can in a given situation. Their particular mix of "life experiences" may have caused them to behave in the way they did.

  If we'd had those same experiences, maybe we would have behaved exactly the same way.
- Learn to accept that people are the way they are, regardless of any lofty expectations we may have for them. Learn to accept the imperfection of human beings.
- Make a list of the hurts you need to forgive.
- Make a list of any positive things you may have gained from the relationship.
- Write a letter to the person (no need to mail it). Acknowledge what you gained from the relationship, and express forgiveness for the hurts.
- Create a ceremony in which you get rid of your lists and the letter—symbolizing the end of the link between you and the person who has hurt you.

  One way to do this is to burn the papers and scatter the ashes.

Source: Frederic Luskin, Director
Stanford University's Forgiveness Project;
Dianna Robinson, PhD

Publications

The Acadia Lifelong Learning Centre:

New learning opportunities at Acadia University for those over 50. University for All. Courses are designed for retired adults. As a member you will receive additional benefits such as discounted course fees; free lectures, seminars, and readings; free financial planning workshops; and other benefits.

For more information: Division of Continuing and Distance Education, 38 Crowell Drive, Acadia University, NS B0P 1X0:
Matthew Schurman, Coordinator.

Tel: 902-585-1434; Toll-free: 1-800-565-6568;
Fax: 902-585-1068.
E-mail: continuing.education@acadiau.ca
http://conted.acadiau.ca

Cultural Issues in End-of-Life Decision Making

Edited by Kathryn L. Braun, James H. Pietsch & Patricia L. Blanchette, University of Hawaii

"*Cultural Issues in End-of-Life Decision Making* creates an engrossing tension as chapters on philosophical topics are interwoven with clinically-oriented ones including case examples that ground the reader in the reality of most human decisions. I highly recommend this book to researchers, health care providers, clergy, and other practitioners dealing with end-of-life issues."

Catherine Hagan Hennessy, Health Care and Aging Studies Branch, Center for Disease Control and Prevention

End-of-life decision making is one of the most difficult but crucial challenges faced by patients and their families. In most cases, resources or counselors providing guidance in these decisions are not available. This book is intended to prepare nurses, physicians, and other health care workers to fill this role, insofar as they are most frequently in contact with the patient and his/her family and significant others at the time choices must be made. In this informative, practical book, Braun, Pietsch, and Blanchette first review the medical, legal, and ethical context of the dying experience, discussing ethnic perspectives and religious issues. For example, providing cultural and spiritually sensitive care requires that nurses, physicians, social workers and others know and understand the implications of family members' beliefs about life and death, supportive rituals and other activities. This book does a creditable job of presenting the issues and a broad overview of culture and common religions in America.

Source: *Public Health, 35 years of Global Publishing Excellence*, SAGE Publications, Inc. www.sagepub.com

The Self and Society in Aging Processes

Carol D. Ruff, Ph.D. and Victor W. Marshall, Ph.D.

This text presents theoretical and empirical advances that link micro-macro aging sub fields. The authors assemble leading figures in social gerontology, psychology and sociology to increase the scope and detail of factors involved in the aging process.

To order, contact:
The Springer Publishing Company 536 Broadway
New York, New York 10012 USA
Tel: 1-212-431-4370 Fax: 1- 212-841-7842

Longevity and Quality of Life

Edited by Robert N. Butler, M.D. and Claude Jasmin, M.D.

This book is the outcome of an international conference that was held in Paris in 1998 under the auspices of the International Longevity Centre, UNESCO and The International Centre for Global Health Progress. The editors have gathered the results of this conference into a book that reflects the full scope of the revolution the world is undergoing as its population ages.

To order, contact: Kluwer Academic/Plenum Publishers Order Department PO Box 358, Accord Station Hingham, MA, 02018-0358 USA
Tel: 1-781-871-6600 Fax: 1-781- 871-6528
E-Mail: kluwer@wkap.com

My Mother's Voice

By Sally Callahan

My Mother's Voice is a daughter's moving tribute to her mother who had Alzheimer's, and an invaluable guide for all those whose lives are touched by the disease. Eloquent and passionate, this story of love and commitment chronicles the author's struggle to maintain her mother's wishes, values and quality of life while slowly losing her to Alzheimer's.

To order, contact:
Elder Books, PO Box 490 Forest Knolls, California, 94933 USA
Tel: 1-415-488-9002 Fax: 1-415-488-4720
E-Mail: Carmel@ElderBooks.com

My mother taught me...

My mother taught me to appreciate a ***job well done*** "If you're going to kill each other, do it outside—I just finished cleaning!"

My mother taught me ***religion*** "You better pray that will come out of the carpet."

My mother taught me about ***time travel*** "If you don't straighten up, I'm going to knock you into the middle of next week!"

My mother taught me ***logic*** "Because I said so, that's why."

My Mother taught me ***foresight*** "Make sure you wear clean underwear, in case you're in an accident."

My Mother taught me ***irony*** "Keep laughing and I'll 'give' you something to cry about."

My Mother taught me about the science of ***osmosis*** "Shut your mouth and eat your supper!"

My Mother taught me about ***contortionism*** "Will you 'look' at the dirt on the back of your neck!"

My Mother taught me about ***stamina*** "You'll sit there 'til all that spinach is finished"

My Mother taught me about ***weather*** "It looks like a tornado swept through your room."

My Mother taught me how to solve ***physics problems*** "If I yelled because I saw a meteor coming toward you; would you listen then?"

My mother taught me about ***hypocrisy*** "If I've told you once, I've told you a million times—don't exaggerate!"

My mother taught me ***the circle of life*** "I brought you into this world, and I can take you out."

My mother taught me about ***behaviour modification*** "Stop acting like your father!"

My mother taught me about ***envy*** "There are millions of less fortunate children in this world who don't have wonderful parents like you do!"

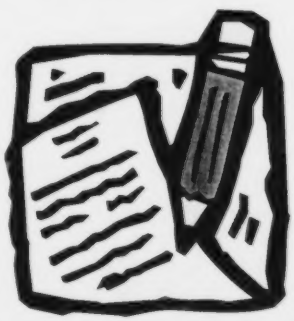
Contribution: Elfreda Mossman
Rose Bay, NS

Upcoming Events

Alzheimer Society Canada
National Conference

23rd National Conference and
Annual General Meeting
April 5-7, 2001
Sheraton Halifax Hotel, Halifax, Nova Scotia

For further information contact: Alzheimer Society of Canada, 20 Eglinton Avenue West, Suite 1200, Toronto, ON M4R 1K8;
Tel: 416-488-8772; 1-800-616-8816;
Fax: 416-488-3778;
E-mail: conference@alzheimer.ca;
Web site: www.alzheimer.ca



Special Care Emergency Preparedness Association of Nova Scotia (SCEPA)

First Annual Conference & Annual General Meeting/Elections

Theme: First (1st) 72 hours
May 10th & 11th, 2001
Best Western, Glengarry Hotel, Truro, NS

The SCEPA is a volunteer organization whose mandate is to promote emergency preparedness for non hospital, special care facilities which offer care and shelter to one or more residents. Efforts are focused on, but not limited to, education, training, the promotion of mutual aid and to interact with individuals and groups having similar interests and objectives. The wish is to set a standard of excellence in emergency preparedness.

For more information contact:
Rosemary Gillis-Bowers at 902-465-6020, ext. 119
or Deborah Naugler at 902-454-3340

Continuing Care Association of Nova Scotia (CCANS)

Board Governance - Workshop
Mount Saint Vincent University Motherhouse
150 Bedford Highway, Halifax, NS
March 20th, March 27th & April 2, 2001
5:00 p.m.– 8:00 p.m each evening

These sessions should be of interest to board members and senior staff who have an interest in learning about the role and responsibilities of boards operating in the today's health and community service systems; and who are interested in developing more effective governance structures with limited resources.

For further information contact: CCANS at
Tel: 902-453-2977; Fax: 902-453-2967;
E-mail: ccans@ns.sympatico.ca

Group of IX Upcoming AGM's/Conventions:

Canadian Pensioners Concerned—AGM

St. Agnes Church Hall
corner of Mumford Road and Chebucto Road
April 30, 2001
12:30–3:30

Federation of Senior Citizens' and Pensioners

Keddy's Motor Inn, Truro
May 2–3, 2001
Registration: May 2nd, 9:00–11:59 a.m.
Convention begins 1:30 p.m.
May 3rd Convention begins 9:00 a.m.
Banquet follows at 6:30 p.m.

Nova Scotia Royal Canadian Legion Provincial Convention

Truro Royal Canadian Legion
May 19-23, 2001
Registration: 9:00 a.m.
For further information please call:
Frank Fudge at 902-429-4090

Retired Teachers Association of Nova Scotia AGM and Dinner

Holiday Inn, Dartmouth
May 30, 2001
AGM: 10:00–12:00; Dinner: 12:30 p.m.

Gerontology Association of Nova Scotia (GANS)

Keddy's Motor Inn
St. Margaret's Bay Road, Halifax
Ron Colman speaker: "Impact on Volunteerism"
June 1, 2001
Registration: 9:00–9:30 a.m.

Federal Superannuates National Association

Travel Lodge, Ottawa West
August 15–19, 2001
For more information call: (902) 638-8783

Nova Scotia Government Retired Employees Association AGM

Holiday Inn, Dartmouth
September 24, 2001
Registration: 9:00 a.m.

Regroupement des aîné-e-s de la Nouvelle-Écosse

Ramada Hotel, Burnside Park
Dartmouth
October 26, 2001
Time: 8:30 a.m.–7:20 p.m.

International Conferences

Inclusion by Design-Planning the Barrier-Free World

Canadian Council on Rehabilitation
June 1–5, 2001
Montreal, QC
Tel: 1-416-260-3060, ext. 231
E-mail: ingo@ccrw.org

Global Aging: Working Together in a Changing World

17th Congress of the International Association of Gerontology
July 1–6, 2001
Vancouver, BC
Tel: 1-604-291-5062
Fax: 1-604-291-5066
E-mail: gutman@sfu.ca
Website: www.harbour.sfu.ca/gero

Twenty Years of Action

Twenty years ago, interest was just .to grow in the eventual on Canadian society of two separate developments: the lengthening of life expectancy owing to advances in science, and the aging of the huge group of babyboomers born in the post-war period. What would be the numbers? How would they affect us? Could we cope? To advise it on matters concerning seniors and the aging of the population, the Canadian government created the National Advisory Council on Aging (NACA) in 1980.

Over the past two decades, the Council has acquired a solid reputation as a champion of seniors and an advocate of public measures to adapt to the new demographics. NACA's position papers, recommendations, reports, bulletins and other publications (more than 150) have influenced the debate and helped make governments, analysts and the general public more aware of the role and needs of seniors.

Today, NACA's work with governments and the public is more critical than ever. In exactly ten years, the first babyboomers will be reaching the age of 65. Will our society's perceptions of aging, retirement and the value of seniors have changed? And will the necessary support and services have evolved accordingly?

On this 20th anniversary, NACA invites all Canadians to contribute to the reflection and action needed to adapt our society to the inevitable changes that will be brought on by the aging of Canada's population.

Patricia Raymaker, Chairperson

Source: *Expression,*
Volume 13, Number 4
Autumn 2000

The Elderfit Lunenburg

An Article of Commendation

I have written many articles on many subjects, but none has given me as much pleasure, as I have had, penning this on the subject of the Lunenburg ELDERFIT.

This is because the ELDERFIT is such a great success and has so many wonderful facets.

It is so easy for one to comfortably seat oneself in an armchair and dream up the seed of an idea, and then leave it there to grow. George McKiel, PhD. The Facilitator of Elderfit Lunenburg. Had an idea and this was to create an aqua exercise program. Perhaps it was cultivated as a result of his own physical discomfort, or that of someone near and dear? Whatever. It was an excellent idea well worth perusing.

One of the main ingredients; a privately owned and operated, indoor swimming pool (70 x 40) known as "Jo's Dive Shop". Was conveniently situated in the town of Lunenburg. Nova Scotia.

Next came meetings with Doctor Leslie Dubinsky, Regional Medical Officer Veterans Affairs Canada, who showed a very keen interest in the idea of aqua exercises. Darlene Sanford, a physiotherapist and owner of the local physiotherapy clinic; a rheumatologist, Doctor Diane Wilson and the owner of Jo's Dive Shop. Doctor George (silver tongue) worked really hard to raise sufficient funds to enable Elderfit to start recruiting people suffering from all manners of disabilities. The aqua exercises very soon proved to be an elixir of life. Not only were people attending with arthritic problems, the ranks were swelling with people suffering from heart and lung diseases. Vascular accident victims were finding renewed strength and movement to affected limbs.

The Elderfit movement in Lunenburg has grown from a mere handful of people to well over sixty members.

I interviewed many of the members who were bubbling over with enthusiasm and more than willing to discuss how crippled they had felt prior to joining the Elderfit. One lady told me

that she had rarely left the house, and that her husband had assumed the task of shopping and some of the household jobs because due to back and knee problems it had been almost impossible to do the things she had always enjoyed. Since being advised to join Elderfit, by others who were members, her life has become really enhanced. The back and knee problems no longer restrict her, and she looks forward to every session with joy in her heart. Others tell me similar accounts of the improvement to the overall health and ease of movement. What a wonderful thrill for the wife of a stroke victim when she was able to witness movement returning to his leg and arm and finally, almost the complete use of all body functions.

Skilled instructors use a combination of successful exercises in the pool. The water affording buoyancy which allows maximum body flexibility.

Many other factors come into play such as the benefit of socializing, the psychological benefits, better coordination and balance and relieving stress and tension, all adding up to a day-to-day feeling of well being.

It is wonderful to see happy smiles on the faces of members who before the inception of Elderfit, suffered from aching joints and various discomforts to their bodies and life for many was a miserable affair.

I feel that it would be in the greatest interest of governments, federal and provincial, and also the industrial corporations and insurance companies to sponsor a program such as Elderfit.

The overall benefits would far out-weigh the cost. All towns and cities in this great country have the ingredients to start up an Elderfit program..

George even arranged for a video to be shot of members using the pool. It also showed the improvements made to many who had been more severely affected. The video revealed the happiness being displayed by the members while doing their exercises. The video is an excellent tool and could be of great benefit to others contemplating starting up a similar program.

For twenty seven years I worked with the elderly, many suffering from a multitude of disabilities. I would have welcomed such a program as Elderfit for I have now seen with my own eyes all the benefits. Their lives would have been richer and so much more enjoyable also my job would have been easier.

Doctor George McKiel and all others connected with the success of Elderfit, and this certainly includes the excellent instructors, deserves much credit. Elderfit merits the recognition of all concerned with easing and relieving pain and discomfort in what ever form it may take.

By: Edward L. Seyforth., MSc

For further information contact: George McKiel, R.R. # 1, Rose Bay, NS B0J 2X0;
Tel: (902) 766-4120; E-mail:
jg.mckiel@ns.sympatico.ca

The Power of the Paw

Pet therapy makes a difference

"You don't think I'm crazy, do you?" This query came from an elderly woman whose mental facilities were being questioned by her family. Who did she direct this heart-felt plea to? A relative? An old friend? These feelings were actually articulated to a four-legged friend. They were spoken to a canine visitor, as part of a pet therapy program.

The woman knew in her heart, without reservation, that her canine friend would never judge her—the way people would. Just by being there, the dog gave her the much-need support she required at a difficult time in her life.

Animals have the unique ability to "care" without qualification. This can be a great comfort for individuals "isolated" or "stigmatized" by society, be it by virtue of age, physical deformity, illness, irregular speech patterns or similar conditions.

The special bond between humans and certain species of animals has been recorded throughout history. This bond forms the basis of pet therapy. Clients are able to express their needs and feelings to an animal on an almost secret level, one that they have difficulty achieving with other humans. While the animals may not understand the needs of the person they bond with, they accept them, and many are also often able to fulfill those needs in some way.

The basics of pet therapy

The umbrella term of "pet therapy" encompasses animal-assisted therapy, animal-assisted activities and pet visitation programs.

Animal-assisted therapy is defined as a goal-directed intervention in which an animal meeting specific criteria is an integral part of the structured treatment process, delivered or directed by a health/human service provider working within the scope his or her profession. This therapy has specific objectives for each client involved. It is documented and evaluated.

Animal-assisted activities involve the intentional use of companion animals provide opportunities for motivational and/or recreational benefits. Enhancing the quality of life is the general goal. Its results are therapeutic in nature, but there are no written objectives for individual clients.

Pet visitation is a scheduled program providing opportunity for interaction between people and companion animals in an informal, safe environment. This may include unplanned visits, as well as interaction with selected clients in a facility program. It can take the form of "team visits" where several animal/handler teams visit at one time, or on a one-on-one basis. There are no specific outcomes expected, but visits are considered to be therapeutic and important to recipients.

Multiple benefits

Benefits of pet therapy can be educational, emotional, psychological, physiological and/or clinical. Medical research has shown that the mere presence of animals in our lives greatly enhances our emotional and physical well being.

Petting an animal can reduce tension, lower blood pressure and stress levels, and draw an individual out of loneliness and depression. Cognitive skills, such as memory can be exercised, as the visiting animal becomes a topic to be discussed.

It seems that many residents sincerely believe that he/she is that animal's favourite, and in some cases begin to regard the animal as belonging to themselves. Offering a visiting animal a treat can provide the resident an opportunity to feel like a giver again, and not just a taker at a time when many feel their abilities have diminished and they must continually rely on others.

It can also provide valuable and therapeutic distractions from some of the daily stresses of life associated with long-term care facilities. Residents can fall victim to the repetitiveness of the routines necessary in those facilities.

Nearly every day they hear the same noises and participate in the same daily activities. The presence of a friendly animal can be a welcome diversion to the set routine, providing extra stimulation for the residents and uplifting their spirits.

A special bond

The presence of these animals also allows people to fulfill a basic need in human development—to touch. Unfortunately, we live in a society where touch can be suspect and its appropriateness questioned. Many people simply avoid touching one another. In institutional settings, the only physical touching a resident may experience can be of that of staff performing a function. Contact presence of with companion animals is a safe way of ensuring that residents who are otherwise deprived of the warmth of a touch can enjoy touching, and in the process develop a special bond with their animal friends.

Rehab and emotional effects

There are also rehabilitative and emotional benefits to pet therapy. A patient may encouraged to reach out and exercise affected muscles or even take the first steps after a stroke if it means being with the animal. An animal can also be a non-judgmental listener for someone whose speech is impaired or difficult.

Walking a dog may be an effective treatment for a patient with circulatory problems.

There can also be an argument made for spiritual benefits. Dr. Aaron H. Katcher, a professor of psychiatry at the University of Pennsylvania, considers the comforts of talking to an animal akin to prayer, as in both instances, the talk is felt to be understood. Residents also renew their spiritual energy through reminiscence, which can be a form of preparation for death, especially in the elderly.

Positive benefits of animal visitation can also be experienced by others in the facility, including staff and family members, providing a much-needed diversion.

Dogs, cats, guinea pigs, rabbits, horses, goats, llamas, pot bellied pigs, cockatoos, African gray parrots and chickens are considered to be appropriate pets for use in therapy programs, although the majority of work is done by dogs.

Animals are assessed on an individual basis, and only those with predictable temperaments are suitable for therapy work.

As beneficial as pet therapy programs can be to residents, there are cases where it is deemed inappropriate and of no benefit. Programs are not beneficial to people who are afraid of animals, come from cultural backgrounds who view animals differently, and those with contravening medical conditions, such as allergies and/or asthma.

Handler/animal teams are trained volunteers, who are versed in animal behaviour, medical conditions, and situations they may encounter while visiting. Training requirements for the visiting team can vary according to the facility being visited and the organization offering the pet therapy training.

Filling a basic need

Heather Rozak, a recreation therapist at Capital Care Norwood, an extended care facility in Edmonton, is an enthusiastic advocate of pet therapy programs involving trained volunteers. She regards these programs as being highly effective tools in calming agitated residents, increasing communication and drawing out the resident who is isolated or depressed. The most significant results she sees in recipients of pet therapy are relaxation and uplifting of the spirit, although she does consider the benefits of pet therapy to be "limitless."

Rozak notes this type of program can be particularly effective for residents who are unable to get out of bed and participate in other programs being offered by the facility.

She feels a great advantage of pet therapy is its ability to go to the residents, rather than the residents having to be physically able or emotionally willing to participate in other facility programs.

As Rozak notes, pet therapy leaves residents wanting more, asking when they might get to visit with the animal again and filling a very basic need we all have within us—something to look forward to.

Source: *Rehab and Community Care Management*, Winter 2000, Vol. 9, No. 4

What on Earth?

Living in a foreign Land

Anti-foreigner sentiment has been growing in Western Europe, helping to strengthen rightest parties, some of which claim that foreigners take away jobs from natives, contribute disproportionately to crime and undermine the host nation's culture. In Germany and France in particular, dislike of foreigners has led to outbreaks of anti-foreigner violence. In Austria, the far-right Freedom Party is part f the government. But Swiss voters recently rejected a proposal to limit the number of foreigners living in the country.

Foreign or foreign-born population in selected industrialized countries as percentage of total population, 1998 or latest year available:

Australia	21.1 %
Switzerland	19.0
Canada	17.4
United States	9.7
Austria	9.1
Germany	8.9
Belgium	8.7
France	6.3
Sweden	5.6
Denmark	4.8
Netherlands	4.4
Britain	3.8
Norway	3.7
Ireland	3.0
Italy	2.1
Portugal	1.8
Finland	1.6
Spain	1.5
Japan	1.2

Source: *Edmonton Journal*
Sunday, October 29, 2000

Lifeline

Northwood Lifeline is a 24-hour personal response and support service that helps Seniors, post trauma patients, persons with chronic medical conditions (diabetes, asthma), stroke survivors, or persons with special needs get the help they need, when they need it. It could mean dispatching an emergency service or simply calling a designated neighbour or family member to check in on the subscriber:

Lifeline service includes:

- 24-hour Response Centre
- central database with each subscriber's critical and personal emergency contact information
- waterproof personal help button worn on wrist or as a necklet
- voice to voice communicator
- monthly service—no purchase or lease required daily check-in monitoring (if requested)
- state of the art equipment—easy to use, affordable

Lifeline Access offers specialized switches (including: sip/ puff, toggle, pillow, eye movement patch) for persons with physical limitations who are unable to press the traditional help buttons.

Falls Prevention Checklist

Lifeline has published a Falls Prevention Checklist brochure that offers a 'how to' list Seniors can use to help minimize falls in their homes. If you would like copies of the free, Fall Prevention Checklist literature please call Northwood Lifeline at I -800-46 I-3346 or 492-3346 (metro).

Medication compliance

Northwood Lifeline introducing Medication/Message Reminder Service for Lifeline subscribers

In January 200 I, Northwood Lifeline will offer the Lifeline Reminder service to help seniors and patients comply with complex medical care plans. Subscribers can take advantage of the following services:

- Daily, weekly or one-time reminders are easy to set up using the Lifeline Reminder Phone. Personalized messages in a caregiver's own voice can be recorded to give instructions or just deliver a greeting. The Subscriber simply presses a button when prompted to hear each special reminder .
- Important reminders can be programmed as critical. In the event that a critical reminder is missed, Lifeline will contact the designated caregiver to keep them in the loop.

The Costs of Family Violence in Canada

Fact: The identifiable costs of violence against women in Canada total $4,225,954,322 annually (1994). They include: police services; social agencies; medical help; income assistance; educational support; unemployment; the justice system; and temporary housing. Not included are those costs resulting from widespread sexual harassment in the workplace or schools, or from psychological abuse.

Fact: Health-related costs alone of violence against women equal more than $1.5 billion; this includes $225 million in long-term medical consultations and $506 million in short and long-term psychiatric care.

Fact: The annual costs of operating women's shelters in Canada total approximately $135 million. Additionally, $29,381,878 is required to operate rape crisis/ sexual assault centres throughout Canada.

Fact: The long-term costs of helping and nurturing children from violent homes are immeasurable. The costs that arise from the physical, psychological and behavioural problems they suffer include special needs in the schools, medical effects, truancy, homelessness, policing, legal and penal consequences, probation, social work and lost productivity in the workforce.

Fact: Numerous health conditions have been linked repeatedly with child sexual abuse. A Canadian study found that 44 per cent of eating disorder expenditures and 50 per cent of alcohol dependence expenditures can be attributed to child sexual abuse.

Fact: The estimated cost of child sexual abuse in Canada exceeds $3.6 billion. The true cost of child sexual abuse is likely higher because of the secrecy and dependency that children often have on their abusers.

Fact: The total health costs of child sexual abuse are estimated at $1,718,643,751. Additionally, $914,718,858 is expended by social and public services on child sexual abuse cases.

Fact: Treatment programs for child sexual abuse offenders cost about $47,557,090 annually

Fact: A recent British Columbia study found that eight per cent of older adults had been finacially abused, losing, on average, $20,000 each.

Fact: Quebec study revealed that 30 per cent of professionals interviewed had witnessed financial abuse of older adults.

Source: Government of Canada Newsletter *Sharing Information and Solutions, A Newsletter from the National Clearinghouse on Family Violence*, Issue 4, December, 2000

The Major Signs and Symptoms of Diabetes

If you experience any of these problems, see your doctor.

- unusual thirst
- unexplained weight loss
- irritability
- tingling in hands and feet
- frequent urination
- changes in appetite
- extreme fatigue
- blurry vision

One or more of these risk factors does not mean that you will develop diabetes, but it may mean you are at higher risk:

- Being age 45 or over
- being overweight
- being of Aboriginal, Asian, African or Hispanic descent
- being related to a person with diabetes
- having given birth to a large baby (over 4 kg or 9 lbs) and/or a history of gestational diabetes
- having abnormal cholesterol
- having higher than normal blood glucose levels

For further information contact:
Canadian Diabetes Association
101–6080 Young Street
Halifax, NS B3K 5L2
1-800-326-7712

New Admissions Policy Puts Care Needs First

January 22, 2001
Department of Health Press Release
PO Box 48R
Halifax. Nova Scotia BJJ 2RR

HEALTH-Seniors' care needs will soon be the only key to the doors of Nova Scotia nursing homes. Ability to pay will not be a criteria. A single, co-ordinated placement list in each district will also streamline the admissions process for seniors, and give government an accurate picture of the need for nursing home beds, home care and other health care services for seniors and others.

Beginning Feb. I, all seniors applying to nursing homes must undergo an assessment process to identify their unique care needs.

Currently, an assessment of care needs, as well as a financial assessment, are required for seniors whose nursing home care is partially or fully funded by government, but seniors who are able to pay themselves are not required to be assessed. As a result, a private-pay senior may be admitted to a nursing home, without any assessment. He or she may also be admitted ahead of a government-assisted senior with a demonstrated need. In this type of a scenario, neither senior is served well.

"This has to change," said Mr. Muir. "We want our seniors to have fair access to the best possible care to meet their needs. By requiring that every applicant be assessed using the same criteria, everyone is on the same playing field and we can ensure beds go to those who need them most."

Providing more appropriate care for seniors will have a ripple effect in hospitals. A recent facilities study showed one in four people in hospital beds—most of them seniors—do not require t hat level of care. Freeing up as many as one in four beds would have a significant impact on the service hospitals can provide, from emergency to operating rooms. Despite the fact that nursing home beds are routinely becoming available, hospital patients are the least likely to access them.

The new approach will lead to one co-ordinated, prioritized placement list for each health district. Currently, individual nursing homes have separate wait lists for both government-funded and private-pay applicants. As well, individuals apply to more than one nursing home just in case, or applying for care years before they will need it, is leading to duplication and a misleading demand for nursing home beds.

Up until a few months ago, there appeared to be a wait list of more than 400 people in Industrial Cape Breton. However, a pilot project testing this new approach began in October and the wait list now contains fewer than 100 names.

"We are prepared to respond to the real needs of seniors for long-tenn care, home care and other services," said the minister, "but we will not write a blank cheque. Our approach will provide us with the evidence we need to provide the right care for seniors, while investing tax dollars responsibly."

Recognizing the benefits to seniors, a number of the 70 licensed nursing homes in the province already require an assessment for their clients.

Needs assessment is considered to be the backbone of the province's Single-Entry Access system. The new approach for accessing continuing care services is currently being tested in Districts 7 and 8, which includes all of Cape Breton and the counties of Antigonish and Guysborough. Single-entry access is expected to begin rolling-out province-wide this spring.

Contact: Sue McKeage, Communications
902-424-7942
Cell: 902-499-0962
E-mail: mckeagsm@gov.ns.ca

Staying Fit

Not So big bike ride.

Upon hearing that Seagull Pewter's Big Bike Ride had been unavoidably cancelled, Ken Hickman, Production Supervisor, decided to do his own bike ride and earn the money pledged by employees towards this year's ride. A hearty thank-you to the staff for raising $1,012 in pledges, and to Ken for being such a terrific sport!

Regular physical activity is an important ingredient for a heart-healthy lifestyle. The Heart and Stroke Foundation of Nova Scotia is committed to promoting physical activity and many health promotion activities give participants a great opportunity to get out and walk, run, cycle or row for a wonderful cause and for the good of their hearts!

The Heart and Stroke Foundation's Hearts in Motion program, launched in Halifax Regional Municipality in 1999, continues its expansion throughout the province. Trails which have been recently implemented as Hearts in Motion include the Kentville Trail System, and the Lockhart-Ryan Memorial Park in the Annapolis Valley, and the Forchu River Trail, the Stan O'Brien Interpretive Trail, and Chebogue Meadow Interpretive Trail in Yarmouth County.

Thanks to the following community partners for their assistance in this expansion of the Hearts in Motion program:

- Municipality of Yarmouth Village of New Minas
- Central Kings Community Health Board
- Heart Health Nova Scotia Yarmouth Heart Health Action Team
- Nova Scotia Sport and Recreation Commission
- Town and Municipality of Yarmouth
- Municipality of Argyle.

Launch activities in each of the new locations drew many eager participants and included live bands, clowns, warm-up activities, guest speakers, and an inaugural walk on each trail. Many thanks to the volunteer organizers for their assistance! There are four trails currently designated as Hearts in Motion in the Halifax Regional Municipality:

- Frog Pond Trail, Purcell's Cove Rd., Halifax
- Halifax Harbour Boardwalk, Downtown Halifax
- Dartmouth Multi-Use Trail, Dartmouth
- Mainland North Linear Parkway, Clayton Park

Hearts in Motion is a walking program designed to create a friendly and relaxing atmosphere where people of all ages and walks of life can make physical activity a part of daily living.

Rowing for Dollars

Twenty-two teams once again this year put their oars in the water for what has become an annual fund-raiser, the Stroke for Stroke Whaler Boat Races in Sydney and Yarmouth. When all had climbed ashore, a grand total of close to $19,000 had been raised to support the work of the Heart and Stroke Foundation of Nova Scotia. Warmest congratulations and thanks to the Rotary Club of Sydney - Sunrise as well as the Yarmouth County Chapter of the Heart and Stroke Foundation for their enthusiasm and hard work, and to all of the event sponsors and teams of rowers.

Jump Rope for Heart

Skipping rope and raising funds is what the Jump Rope for Heart Program in the schools is all about. Ecole Bois-Joli was the top Nova Scotia fundraising school for 1999–2000, raising an incredible $12,600 through pledges from family members, friends and neighbours. Overall, approximately 12,000 Jump Rope for Heart participants raised a record-breaking total of close to $230,000 last year during Jump Off events across Nova Scotia. Hats off teachers and students across Nova Scotia for once again putting your hearts into it! This year the Heart and Stroke Foundation of Nova Scotia provided another valuable incentive for participating schools in the form of the Heart Smart Points program, which allowed schools to earn points based on dollars raised and the number of students participating. These points are redeemable for great resources including electronics, sporting goods, school supplies and computer equipment.

Fit for Heart

Fit for Heart represents fun, fitness and fundraising. Participants collect pledges and put their aerobic and square dance activities to work for the Heart and Stroke Foundation of Nova Scotia. 1999–2000 was a very successful year for the Fit for Heart Program, with a grand total raised of more than $10,000 by six Nubody's sites and seven square dance clubs. Top Nubody's site this year was Tantallon, with top square dancing club kudos going to Valley Square and Round Dance Club.

Source: *Ticker Talk*
Heart and Stroke Foundation of Nova Scotia
Volume 11, Number 1, Fall 2000

Renovated Web Site

It's ready! The Arthritis Society has launched it's new renovated web site. The address is the same (www.arthritis.ca) but the site itself is oh so awesome! We've added loads more information and the technology has provided us with opportunities to do new things with the site. Why not take a peek and be sure to visit Local Programs where you'll see what's happening in Nova Scotia?

Visit our web site at: www.arthritis.ca

Seniors' Week

Seniors' Week will be held June 17–23, 2001. During this week many clubs and councils hold a range of activities to celebrate and honor older persons in their community. Usually these local celebrations start with an ecumenical church service and throughout the week other activities such as dinners, luncheons, dances and special exhibits of crafts and hobbies are displayed.

Many groups are involved in events that encourage physical activity such as walking, elderobics and swimming.

The Senior Citizens' Secretariat will make arrangements for Premier John Hamm and Chairperson of the Secretariat, Honorable Jamie Muir, to sign a Proclamation declaring Seniors' Week and recognizing all older adults in Nova Scotia and the many contributions they make to our Province. This year is the International Year of the Volunteer and thus a great time to honor senior volunteers in your community. There may be other organizations in your community that will join with you to honor seniors and make Seniors' Week a community event.

How to Manage Anger

Constantly blowing your stack not only alienates others, it can contribute to health problems, including headaches, stomach upset and heart attack. To take control:

COUNT to 10. When something angers you, give your body time to defuse before you react. Take three or four deep breaths. Ask yourself: "Will this really matter a year from now?"

WALK it off. Go for a short stroll until you calm down. Helpful: Find a quiet place where you can think out loud and take a second look at how you're reacting to a situation.

DISTRACT yourself. Example: In a traffic jam, play soothing music or listen to a relaxing program instead of pounding the horn. At work, dive into a task to turn negative energy positive.

KEEP a log. Monitor hostile thoughts to discover how frequently your temperature rises. Benefit: You'll help sort out the real causes of your anger, which are often things over which you have no control.

ASK for help. If managing outbursts seems impossible, don't be afraid to try counseling, meditation, lifestyle changes or other kinds of ongoing psychological help. Your health may depend on it.

NS Community-Based Transportation Association

According to the newly formed Nova Scotia Community-Based Transportation Association (NS-CBTA) the lack of access to personal transportation is the single greatest barrier to employment, training I education, and health care in Nova Scotia.

Stephanie Vogler, who was elected founding President of NS-CBTA, says "one in ten Nova Scotians are not able to access personal transportation especially in rural areas of the Province. Persons without access to personal, public, or specialized transportation face systemic barriers that often contributes to sustained periods of unemployment."

The NS-CBTA, a non-profit society, held its founding meeting on February 22nd with members from across the Province representing consumer groups and community-based and inclusive transportation organizations. The groups provide a range of services that respond to the unmet needs of persons who have a transportation disadvantage.

Grant Brennan, Coordinator of the Nova Scotia Inclusive Transportation Pilot Program, an initiative of the Province added "the formation of the NS-CBTA is an important step for the grassroots promotion and development of inclusive transportation services in rural and semi-rural regions of Nova Scotia and could benefit 64% (almost 600,000 persons) of the population who are not currently served by public transit services available to all persons in a community, including the disabled, low income, elderly, etc."

The vision of NS-CBTA is that all Nova Scotians with a transportation disadvantage will have equal access to community-based transportation programs and services. NS-CBTA will work towards this vision by promoting public awareness/education and policy development of community-based transportation, and provide service delivery support and development to local non-proftt organizations involved in transporlation services.

NS-CBTA will commence an expansion of its membership to an estimated 50 organizations across the Province with a stake in community-based transportation. The organization is preparing a plan to secure funding for a sustainable operation and an Annual General Meeting is being planned for the Spring of 2001.

For further information contact:

Stephanie Vogler, Chairperson NS-CBTA
(902) 678-1218
ats@ns.sympatico .ca

I Wish I Had Said That!

"If there was nothing wrong in the world, there wouldn't be anything for us to do."
George Bernard Shaw

"Talk does not cook rice."
Chinese proverb

"It's an old ironic habit of human beings to run faster when we have lost our way."
Rollo May

"Age is not important unless you're a cheese."
Helen Hayes

"A wish changes nothing. A decision changes everything."
Unknown

"If the knocking at the door is loud and long, it isn't opportunity—it's relatives."
Farmer's Almanac

"Disasters happen when the people who can remember what happened lat time have retired."
Unknown

Halifax Art Group

The Halifax Art Group is one room recreational art school. The participants are encouraged to develop their skills at their own levels without the pressures of being judged or ranked amongst others.

It is a ten week course ($175.00) designed to accommodate both painting and drawing, you can choose what you want to do at any time. The classes are composed of no more than twelve people and individual instruction is emphasized. All classes and workshops are taught by friendly practising artists.

Watch for the Halifax Art Group on your cable access channel or call 452-9660 between 1:00 and 8:00 p.m. to find out when the next classes and workshops begins.

The Halifax Art Group provides: group rates, payment schedules, flexible class schedules and downtown location, museum and gallery visits around the Halifax area, artist talks and presentations, discussions and overview of Art History and Contemporary Art practices, figure drawing workshops and art with the kids.

Classes are held at the Bloomfield Centre, corner of Agricola and Almond Streets, Halifax.

For further information please call:
(902) 452-9660

Shingles

Chickenpox Revisited

Once you've had chickenpox, the virus lurks in the roots of certain nerves forever. And in people with weak immune systems (the sick, the elderly), the virus—called herpes zoster, or shingles—can reawaken. This allows the virus to multiply and move along nerve fibers toward the skin.

Symptoms:

- Excessive skin sensitivity in a band-like region on one side of the trunk, face, head or neck.
- This may soon be replaced by pain—often an intense burning, itching, aching or stabbing sensation.
- After about three days, the painful area breaks out in tiny blisters. The blisters are usually grouped in a line along the path of the affected nerve.
- Over the course of two or three weeks, the blisters dry out, form scabs and fall off.
- Even after the blisters heal, you can have intense pain in the area that lasts for weeks or months.
- Shingles is most common on the trunk and buttocks—but can also erupt on the face, arms and legs.

What can you do:

- See your doctor at the first sign of a shingles outbreak. He or she can prescribe antiviral drugs that can lessen the attack's severity and/or speed healing.
- For mild pain, try over-the-counter pain relievers such as aspirin or acetaminophen.
- After the blisters have healed, try an over-the counter capsaicin topical cream.
- For more severe pain, your doctor can prescribe various pain-killing medicines, including anesthetic skin patches, narcotics, steroids or tricyclics antidepressants.

Source: American Academy of Dermatology

Hormone Replacement Therapy (HRT)

Should women take hormone replacement therapy (estrogen, or estrogen plus progestin) when they reach menopause?

Doctors or scientists have no clear answer to this question. Women are largely left to decide based on their preferences and individual medical profiles.

Here's a brief summary of the benefits and risks women should consider before deciding for or against HRT:

Short-term benefits

- Stops hot flashes
- Relieves insomnia
- Reduces vaginal dryness and urinary problems
- Helps control mood swings

Long-term benefits

- Slows bone loss
- May reduce the risk of heart disease
- May reduce the risk of Alzheimer's disease and colon cancer

Long-term risks

- Increases breast cancer risk (both estrogen alone and when taken with progestin)
- Increases uterine cancer risk (estrogen alone)
- Promotes the formation of gallstones and blood clots

Sources: *Journal of the American Medical Association*, Vol. 283, No. 4; American College of Obstetricians and Gynecologists

Great Tips for Dealing with Change

1. Search for an opportunity in every "crisis." You'll be energized instead of overwhelmed —and much more likely to see the positive side if you actively look for it.
2. Put yourself in new situations. When you welcome "unknowns," they'll become less daunting. Travel without a set plan, try a new restaurant or take a class in something that's new to you.
3. Break your routines. Pay attention to any "ruts" you find yourself in and try to change them. Ride your bike or walk on an errand instead of driving—or take a different route. Eat dinner at a new time. Be spontaneous.
4. Cultivate your "instant perspective." Imagine yourself a few months or years down the road: Look back on a difficult situation and see the good that came out of it. Or ask yourself, "Will this matter a year or two from now?" If your answer is no, let go.

Source: Adapted from *How to Thrive in a High Stress World*, by David Lee

The Canadian Paraplegic Association

Welcome to the brand new Nova Scotia website:

Mission Statement:

To assist persons with spinal cord injuries and other physical disabilities to achieve independence, self reliance and full community participation.

http://www.canparaplegic.org/ns/index.html?var1=accessdetails&var2=20010225164937

Simple vs Real Friends

A simple friend has never seen you cry.

A real friend has shoulders soggy from your tears.

A simple friend doesn't know your parents' first names.

A real friend has their phone numbers in their address book.

A simple friend brings a bottle of wine to your party.

A real friend comes early to help you cook and stays late to help you clean.

A simple friend hates it when you call after they have gone to bed.

A real friend asks you why you took so long to call.

A simple friend seeks to talk with you about your problems.

A real friend seeks to help you with your problems.

A simple friend wonders about your romantic history.

A real friend could blackmail you with it.

A simple friend, when visiting, acts like a guest.

A real friend opens your refrigerator and helps themself.

A simple friend thinks the friendship is over when you have an argument.

A real friend knows that it's not a friendship until after you've had a fight.

A simple friend expects you to always be there for them.

A real friend expects to always be there for you!

A ball is a circle, No beginning, no end.
It keeps us together,

Like our Circle of Friends.

Renew Your Driving Skills for Today's Traffic

Even if you haven't been involved in a collision in 40 years, it may be time to review your driving skills. The 55 Alive Driver Refresher Course designed for Canadians 55 years and over. It's a six hour in-class course conducted by mature driver instructors, trained by the Canada Safety Council.

There is no testing involved. 55 Alive can be set up for groups of 12–20 individuals. If you know of a group that will benefit from this program, please call the Nova Scotia Safety Council at (902) 454-9621, ext. 24 for information on setting up a course. Instructors are available throughout Nova Scotia.

Cost: $40/person (tax included)

Driving helps you keep your independence,
55 Alive helps you protect it!

Exercise and the Older Person

Exercise is a key factor in promoting good health, preventing injury and illness, and managing chronic diseases. Inactivity is considered a risk factor in many diseases, including diabetes, cardiovascular disease, and osteoporosis. Even when overactivity contributes to a disease process as in, for example, osteoarthritis, exercise is still an important component of the treatment regime. Additionally, both balance and leg strength have been identified as important factors in preventing falls. The bottom line is that exercise plays a vital role in the delay or development of disease and illness.

The message for healthcare professionals is that the body needs to move to stay healthy. Finding the right balance for every individual is key. Exercise can take many forms such as flexibility training, muscle strengthening, aerobic, and weight-bearing. Sorting out what type of exercise is best for a person can be confusing. Existing medical conditions and predetermined risk factors for disease and injury must be taken into consideration. A prescribed exercise program by a trained professional is recommended for anyone with a serious or existing health condition.

More that ever, healthy seniors are looking for ways to maintain or improve their health and well-being. Walking and gardening have been found to be the preferred activities of older adults. It is important for healthcare professionals to support and encourage people to maintain these activities as they age, to promote and improve healthy lifestyles for patients and clients.

The Canadian Fitness and Lifestyle Research Institute reports that the top 10 barriers to activity for older adults are: not enough energy; lack of motivation; illness or injury; fear of injury; lack of skill; not enough time; ill at ease; lack of facilities; cost; and lack of safe places.

With these obstacles in mind, we must look at ways to increase seniors' activity levels by developing new programs and supporting existing programs.

Since April 1999, the Seniors Health Resource Team of River east in Winnipeg, Manitoba has been working on a demonstration project with 1500 seniors in congregate housing. The objectives of the Team include injury and illness prevention, as well as overall health promotion through exercise. Here are highlights of three of the Team's initiatives directly related to promoting exercise:

Exercise Groups: Two of the four apartment blocks had existing groups, and groups were developed in the other two. A group leader from within one of the apartment buildings was found to head a new group, while an instructional videotape was used for the other. Professionals and other resources support the group leader and the group participants, by providing ongoing development training. Walk 'N Talk: This exercise group was also developed with support from the Team. Some of the participants in

Walk 'N Talk had been walking on their own before joining the group, but have since found the experience of walking in a group as an organized activity to be much more encouraging and beneficial.

Raised Gardens: The development of raised gardens in three of the four sites has also been a major program, and has increased physical activity among 70 new and experienced gardeners.

Overall, regular participants in the programs have experienced positive physical, psychological, social and spiritual outcomes. Another unexpected benefit has been the improved outlook of the community as a whole, particularly with respect to the gardening project. Many tenants held negative views of their surrounding environment before participating in the project. Now there is a shared pride and celebration of the success of the gardens.

Interested in initiating a similar type of project for seniors? Resources and/or support may be available from the Fitness Directorate of your provincial Culture, Heritage, and/or Tourism Departments. You may also want ot contact your municipal Community Resource Co-Ordinator or Recreation Co-Ordinator.

Eleanor Stelmack is an Occupational Therapist on the Seniors Health Resource Team in the River East Area for the Winnipeg Regional Health Authority. For further information please feel free to contact Eleanor at (204) 940-2114, or fax (204) 661-0750.

Visit their website at: www.lifelinecanada.com

Source: *Lifeline Connections for the Professional,* Winter 2001

Heart and Stroke Foundation to Honour Research Community

The Heart and Stroke Foundation has allocated more than $600,000 to 20 heart and stroke researchers for the current year. Research projects are currently underway at Dalhousie University, the QEII Health Sciences Centre and the IWK-Grace Health Centre. Dr. Jafna Cox, of the QEII Health Sciences Centre and Project Officer for the province-wide ICONS Study, has been awarded a Heart and Stroke Foundation of Nova Scotia Research Grant for $35,000. Dr. Cox's Atrial Fibrillation research developed as a result of the ICONS Project.

Atrial Fibrillation is a major risk factor for stroke, but different types of medication can be prescribed to curb the risk. One of these is Warfarin, an anticoagulant that has been proven to lower the risk of stroke by over two thirds. Because Warfarin thins the blood, it moderately increases the risk of major blood loss should a patient suffer severe trauma.

Findings from Dr. Cox' research will have important implications for making the decision to treat patients with an anticoagulant or not. Dr. Cox would like to provide a comprehensive method for doctors and patients to come to a decision together.

"In the future, we would like to develop a decision aid that physicians and patients could use to come to a shared and perhaps more learned decision about the pros and cons of anticoagulant therapy," he states.

Source: *From The Heart*
Volume 5, Number 1

Yesterday's love is a sweet memory.
Today's love is happiness unfolding.
Tomorrow's love is a promise of beautiful dreams come true.

International Federation on Ageing

With the older population of almost every country expanding at unprecedented rates, IFA—the International Federation on Ageing, was founded in 1973. Its general objective is to work towards a future where all people will work together to advance the well-being and active involvement of all persons in an ageing world.

Visit their website at: www.ifa-fiv.org

Housing Options

Beaver-Lodge—a seniors housing option will open May 1, 2001 on Molega Lake, 30 miles from Bridgewater. The lodge has six apartments on three floors designed in a European style. A wide range of activities including hiking, fishing, canoeing and porcelain doll making will be offered.

All meals will be included consisting of German-Canadian fare. Transportation to Bridgewater twice weekly. Beaver-Lodge also has nice a sandy beach for swimming.

For further information contact: Jogi and Gudula Miller at 1-902-685-3925

Setting Priorities for Retirement Years (SPRY)

The SPRY Foundation is a national non-profit organization dedicated to older adult education and research.

Based in Washington, DC, it most recently sponsored a conference on older adults, health information and the use of the World Wide Web.

Further information about the Foundation is on their website:
www.spry.org

New Website

You are invited to visit the Health Transition Fund's newly redesigned Website!

The Website offers you:

- What's new
- Results of HTF funded-projects
- Project fact sheets
- A search function which allows you to look for a project or projects that have specific features
- Hot links to other websites

Don't forget to subscribe in order to keep up-to-date on the latest HTF news and project results!

www.hc-sc.gc.ca/htf-fass

Medical Journal Website

Publications such as the Journal of the American Medical Association, Alzheimer's Disease Review and other medical journals from around the world can be viewed for no cost on the Internet.

In order to view full-text articles from many medical journal publications, go to the website address: www.freemedicaljournals.com